

RESOLUTION AMENDING **AUTHORIZED REPRESENTATIVES**

WI	HEREAS, Town of Addison
	(Participant Name & Location Number)
("Participa	nt") is a local government of the State of Texas and is empowered to delegate to a public funds
investment	pool the authority to invest funds and to act as custodian of investments purchased with local
investment	funds; and
the preserve WI investment	HEREAS, it is in the best interest of the Participant to invest local funds in investments that provide for ation and safety of principal, liquidity, and yield consistent with the Public Funds Investment Act; and HEREAS, the Texas Local Government Investment Pool ("TexPool/ Texpool <i>Prime</i> "), a public funds pool, were created on behalf of entities whose investment objective in order of priority are and safety of principal, liquidity, and yield consistent with the Public Funds Investment Act.
NC	OW THEREFORE, be it resolved as follows:
A.	That the individuals, whose signatures appear in this Resolution, are Authorized Representatives of the Participant and are each hereby authorized to transmit funds for investment in TexPool / TexPool <i>Prime</i> and are each further authorized to withdraw funds from time to time, to issue letters of instruction, and to take all other actions deemed necessary or appropriate for the investment of local funds.
В.	That an Authorized Representative of the Participant may be deleted by a written instrument signed
	by two remaining Authorized Representatives provided that the deleted Authorized Representative (1
	is assigned job duties that no longer require access to the Participant's TexPool / TexPool Prime
	account or (2) is no longer employed by the Participant; and
C.	That the Participant may by Amending Resolution signed by the Participant add an Authorized
C,	Representative provided the additional Authorized Representative is an officer, employee, or agent of
	the Participant;
	thorized Representatives of the Participant. Any new individuals will be issued personal identification transact business with TexPool Participant Services.
1. Name:	Cheryl Delaney Title: Deputy City Manager
	/Email: 972-450-7036, 972-450-2835, cdelaney@addisontx.gov
Sig	gnature: Cheur Duaney
2. Name:	Amanda Turner Title: Accounting Manager
	/Email: 972-450-7064
`	gnature: Ward So
ORIGINAL	. SIGNATURE AND DOCUMENT REQUIRED TEX – REP

3. Name:	Title:
Phone/Fax/Email:	
Signature:	
4. Name:	Title:
Phone/Fax/Email:	
Signature:	
List the name of the Authorized I	Representative listed above that will have primary responsibility for performing
	nations and monthly statements under the Participation Agreement.
Name Eric Cannon	
In addition and at the antion of th	e Participant, additional Authorized Representatives can be designated to
	information. These limited representatives cannot perform transactions. If the
	presentatives with inquiry rights only, complete the following information.
5. Name: Paul DeBuff / Mushtaq /	Title: Sr. Budget Analyst / Accountant
Phone/Fax/Email: 972-450-7087/	
	nd its authorization shall continue in full force and effect until amended or ntil TexPool Participant Services receives a copy of any such amendment or
	by introduced and adopted by the Participant at its regular/special meeting held
	, 2015
	by your Board President, Mayor or County Judge and
attested by your Bo	oard Secretary, City Secretary or County Clerk.
NAME OF PARTICIPANT:	Town of Addison
NAME OF TAXTICITANT.	Tomror Addison
SIGNED:	
	Signature
	Todd Meier
	Printed Name
	Mayor
	Title
ATTEST:	
	Signature
	Chelsea Gonzalez
	Printed Name
	City Secretary
	Title

This document supersedes all prior Authorized Representative designations.



DELETION FORM FOR AUTHORIZED REPRESENTATIVES

*LOCATION NUMBER:	77333	*EFFECTIVE DATE:	7/10/15
*PARTICIPANT NAME:	Town of Addison		

P/	ART I:	DELETIONS -Please enter the Representatives.	names of the individ	uals to be deleted as Authorized
		PRINTED NAME	og 1932 og seg 15 Somming hand for Ford fra med Europeanist Cycle (South Proping) Demokratisk er en de forde	PRINTED NAME
1.	Eric Ca	nnon	3.	
2.			inc	quiry Only Representative

PART II: provide The Pr confirm		RY CONTACT -If the person deleted above was the Primary Contact; please the name of the Authorized Representative that will be the Primary Contact, mary Contact is the individual who will receive the daily transaction ations, monthly statements, monthly newsletter, TexPool Updates and other of mailings.	
Name:		Cheryl Delaney	
Phone, Fax	, Email:	972-450-7036, 972-450-2835, cdelaney@addisontx.gov	

PART III:	INQUIRY ONLY - If the person deleted above was an inquiry only representative please specify below if you wish to add another individual. This limited
	representative cannot perform transactions.
Name: Phone, Fax,	Email:

APPROVALS - Please enter the names of two individuals who are currently Authorized Representatives and who authorize the deletion(s) of the individual(s) above.		
TITLE	SIGNATURE	
Chief Financial Officer	MANUEL	
Accounting Manager	any and a	
	TITLE Chief Financial Officer	

ORIGINAL SIGNATURE AND DOCUMENT REQUIRED *REQUIRED FIELDS

TEX-REP